BUDDHIST PERSPECTIVE ACCORDING THE THEORY OF PSYCHOLOGICAL DISORDERS

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Abstract— Psychological disorders or mental illnesses faced by man in this modern complex and competitive global society can be taken as one of biggest heath problems. Definitions given for psychological disorders are also worthy to analyses here. A disorder is what is not in order. An order is a human created way of behavior. Of someone shows behavior that is not accorded with the constructed order them he is said to be a psychologically disordered person. Therefore it is very clear that the distinction of a psychologically healthy one from that of an unhealthy one depends on structural and constructed behavioral patterns. Further it can be taken as the division of ordered behaviors and disordered behavior.

Here my argument is that such a division has no logical basis as all human beings as a whole possess at least minor type of behavioral problems. This had been clearly emphasized in the Buddhist context. In this modern world majority of ht people are spending a lifestyle of secularity. So they all are world lings or ordinary personalities from Buddhist perspectives. Therefore such a distinction of ordered and disordered types has no foundation as all belong to the same category. The universal statement found in Buddhist context ***"All word lings are psychologically disordered"*** can be used as the deconstruction theory of psychological disorders.

Keyword— Ordinary personality, Deconstruction, Behavioral problems.

INTRODUCTION

According to a report published by the American Psychologists' Association in 1997, there are a hundred mental disorders which are on the increase in the world today. During the last two centuries, five types of psychotherapy have been developed in the West. They are: 1. Chemotherapy, 2. Electrolux (Shock therapy), 3. Psycho-surgery, 4. Psycho-analysis and 5. Behavioral therapy. There is, at present, a predominant belief that medication (use of psychiatric medicine) is the only acceptable therapy for mental disorders. But in actual fact, even with the use of the newest psychiatric medicines, very often Western psychiatry has failed to cure conclusively a large number of mental disorders.

As evident from mental hospitals such as those of Angoda and Mulleriyawa in Sri Lanka and other mental hospitals the world over, patients are made to take psychiatric medicines for more than twenty years, with no visible improvement. But still most Western practitioners are skeptical about traditional methods of psychotherapy of other cultures. Therefore, the willingness expressed by the medical fraternity at this symposium to consider traditional therapies other than medicine is a very welcome initiative.

Therapies for mental disorders

During the last fifty years or so, some psychotherapists have turned to forms of meditation found in Buddhist, Zen and Hindu traditions to provide therapies for mental disorders. For example, Paul Collet of New York, Christopher McLean of New South Wales, Australia, Karen Wegela of Naropa University, Colorado, USA, Ron Kurtz of Japan, John Cabot Zinn, University of Massachussetts, USA are among those who have turned to forms of meditation in treating mental patients. There are several institutions and universities all over the world which provide courses in Buddhist psychotherapy. they are

1. The Post Graduate Institute of Pali and Buddhist Studies of the University of Kelaniya,
2. Tribhuvan University of Nepal,
3. Naropa University and Widener University of USA, and
4. Karuna Institute, Devon, England, Institute of Meditation and Psychotherapy in Boston, USA are those among several institutions which offer courses in Buddhist psychotherapeutically methods with emphasis on meditation for therapeutically purposes.

It is observed by this writer that neither of these two methods, medication and meditation, each by itself, is adequate in the treatment of mental disorders. Each method is mono-dimensional whereas the Buddhist Psychotherapy presented here very briefly is a multi-dimensional system of psychotherapy.

Mental defilements

It is called Buddhist psychotherapy because it is primarily based on the teaching of the Buddha, the Satipatthana Sutta (the Discourse on the Development of Mindfulness) and the Sabbasava Sutta (Discourse on Mental Defilements), both from Majjima Nikaya, also the doctrine of Anicca (impermanency) and Dukkha (disharmony), the concepts of karuna and Metta (loving, kindness), and Paticca Samuppada (factors arising together) are some of the teachings of the Buddha which were useful in understanding mental patients and in helping them to relieve their sufferings. There are six steps of Buddhist

Psychotherapy. The basic contention on which this system is based is that the root causes of all mental illnesses are the Kleshas or the mental defilements such as suspicion and fear.

Six steps of the therapy

Step No. 1 – The development of communication

The development of communication between the patient and the therapist is the first step of this therapy. For this to be unsuccessful, the meeting should take place at a proper environment – in a quiet consultation room, sitting face to face at a distance of about 3 feet from one another. While getting responses from the patient to general questions, the therapist should observe the psychophysical reactions of the patient. There are psychological and physical reactions which may act as obstacles to developing communication [for details see the text Buddhist Psychotherapy under this step, the therapist should explain the meanings of the doctrines of 'Anicca' (impermanence) and Dukkha (disharmony) to the patient. It should be pointed to him that even his mental disorder is 'Anicca' which means that the illness is changeable and therefore curable.

When the therapist sees the suffering of the patient, the very seeing will generate a sense of kindness and caring (Karuna and Metta) in the heart of the therapist and that in turn will lead the patient to develop confidence in the therapist a constructive development. Two sessions of one hour each must be spent on the development of communication between the therapist and the patient.

Step 2 – Observing the body

The seeing and knowing the body of the patient by himself is therapeutically. Firstly, the patient must stand in front of a mirror to see whether his body is attractive or repulsive. If his own body seems repulsive to him, the therapist must advise to take steps to make it more attractive. Secondly, the patient must be persuaded to meditate on his own breathing process – Anapana Sati Bhavana. Most mental patients do not know that their intake of air and oxygen is not really adequate.

This Anapana Sati meditation should be practiced in the following 4 steps: 1. Lie flat in a bed and observe how one breathes, 2. Breathe in as much as one can and breathe out long breaths, 3. Breathe in a very long breath, hold on to it and breathe out, 4. breathe in a lot and, while holding on the breath, press the bended knees back on to the chest; then, release the legs while releasing the breath. This meditation is very good for patients suffering from depression. Relaxation of the body and mind of the patient can be done by slowing down of his breathing process leading him even to a deep sleep. The patient must be encouraged to spend 15 to 20 minutes every morning on Kayanupassana Bhavana. However these traditional forms of meditation cannot be practiced by patients having acute depression or acutely violent behavior.

In such cases, the patient should be given psychiatric medication under the guidance of a Psychiatrist. The system of Buddhist Psychotherapy can be continue, when the patient has recovered. The patient must be encouraged to have daily practices on meditation on breathing.

Step 3 - observing pains in the body

One whole hour session should be devoted to getting the patient to become aware of his body pains. Daily for about 15 minutes, the patient should practice Vedananupassan by concentrating on different parts of his body to see whether there is any pain. If he finds any pain, remind him to see that even pain is impermanent (Anicca). If the pain is unbearable he should have medical treatment to ameliorate it. Of course it is a temporary measure.

Step 4 – Observing the mind

In case of mental patients, it is the mind which has become sick. A sick mind will make the body also sick, generating all kinds of mental disorders such as psychosis and neurosis.

At this step of therapy, memories of the conscious mind are recalled first. The focus should be on his most unpleasant memories. This recalling could start from present and go back gradually to early childhood or even infancy; or, alternatively, the recalling of memories could be started from the earliest infancy and brought forward to the present.

However, the memories buried in the unconscious have to be brought out because mental illnesses originate in the unconscious mind of the patient concerned. This writer has listed eight methods through which the unconscious could breach. It means the purging of the mind. This same process was identified by the Buddha. He is named it 'Ariya Viracana' (Nobel purging).

The memories hidden in the unconscious together with the emotions attached to them have to be exposed to the patient.

In time frame a patient's memories are of three kinds: 1. The memories of acts committed in the past lives which can be reached through hypnosis, 2. The memories of experiences experienced while in the mother's womb – these can be verified by conversation with the mother, 3. the memories of Karmic acts committed in this life, which can be recalled in the two ways mentioned above.

Step No. 5 – Psycho analysis

The memories, behavior traits and emotions uncovered in step 4 are looked into with a view to identifying the Kleshas which caused the disorder as well as the Nivaranas which prevented the patient from seeing these Kleshas – the mental defilements such as suspicion and jealousy.

At step No. 5, the patient will see for himself the predominant cause of his mental disorder. The patient is guided to get into the stream of seeing and knowing ("Dassana" as given in Sabbasava Sutta) and reach normalcy. The Kleshas and Nivasanas are the Psychological causes of the mental disorders and becoming aware of them is the therapeutical process coming under step 5. The Kleshas are generally covered up by a psychological mechanisms identified by the Buddha as Nivaranas. They are chronic condition of the mind: 1. Kamachanda (sensual desires), 2. Vyapada (anger), 3. Thinamidda (depression), 4. Uddhaccha Kukkuccha (violence), 5. Vicikiccha (suspicion).

Step No. 6 – Rehabilitation

In order to prevent relapses, the patient, after initial recovery should be rehabilitated physically, psychologically, socially, economically and. For physical rehabilitation, the patient must be provided with medical care, checking blood pressure, sugar levels, and cholesterol. In some cases even HIV tests are done.

The patients are made to feel that good looks and cleanliness are appreciated. The family members eating together with the patient, visiting the village temple, church or mosque, visiting parks and other beautiful places and listening music and watching teledramas must the encouraged. Where it is possible to encourage the patient to grow plants; also, give him training for employment.

CONCLUSION

All these steps will make the patient a normal man. The system of Buddhist Psychotherapy is universally applicable. It deals with the root causes of mental illnesses, the Klesha and the Nivaranas. There is no difference in the Klesha or Nivarana, of a Hindu, a Buddhist, or a Christian or that of an American or an Indian.

REFERENCES

[1] Mahasatipattana sutta of Majjima Nikay tripitaka
[2] Mahasatipattanasutta Digha .Nikaya
[3] Dhammapada of Kuddaka .Nikaya
[4] Almond, Philip. The British discovery of Buddhism. Cambridge: Cambridge University Press, 1988. Epstein, Mark. Thoughts without a thinker: Psychotherapy from a Buddhist perspective. New York: Basic, 1995.

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